

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>		51350	1/24
<b>O.I.P.E. CLASSIFIER</b>		19	2/1/00
<b>FORMALITY REVIEW</b>	64	71423	3-3-00
<b>RESPONSE FORMALITY REVIEW</b>	64	71423	6/14/00

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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Claim	Final	Original	Date
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